

Criteria Checklist
Alabama Medicaid Agency
Cough Stimulating Device (CSD)
Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- Patient is Medicaid eligible
- Patient has current EPSDT screening
- Patient has a prescription signed by the prescriber
- Patient is cognitively intact, or has a caregiver who is capable, physically and intellectually, of operating the CSD effectively
- Patient has a neuromuscular disease such as polio, multiple sclerosis, quadriplegia or muscular dystrophy

LIMITATIONS

- The initial rental approval will consist of up to six months before purchase of the equipment under the ten month capped rental plan.
- At the end of the six month period, the physician must submit documentation of continued medical necessity, evidence of recipient/caregiver compliance and improved disease management since beginning use of the CSD as indicated by fewer infections requiring antibiotics and fewer hospitalizations.
- If approved for the additional four months, the device becomes a capped rental. At the end of the ten month period the device is considered to be a purchased item paid for in full. Any maintenance or repair cost would be subject to an EPSDT screening and referral and a prior authorization.

PROCEDURE CODES

E0482

**Documentation may include notes from the patient chart and medical records.*